

L14000055784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G&G PROPERTY SOLUTIONS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WENDY BYFORD

Name of Person

YOUR ENTITY SOLUTION, LLC

Firm/Company

6440 SKY POINTE DR. STE. 140-106

Address

LAS VEGAS, NV 89131

City/State and Zip Code

LEEDASAN@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WENDY BYFORD

Name of Person

702

Area Code

506-0192

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|---|--|

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: G&G PROPERTY SOLUTIONS, LLC

SECOND: The Florida Document number of the limited liability company is: L14000055784

THIRD: Document to be corrected is:
ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Incorrect: The principal office CITY is listed as CRESTVILLE.

Reason: Typographical error.

Correction: The principal office street address CITY is CRESTVIEW.

The mailing address CITY is CRESTVIEW.

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14 MAY 19 PM 1:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Wendy Byford
Signature of Authorized Representative

5/14/2014

Date

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)